



**ORDER OF MALTA
AMERICAN ASSOCIATION**

Second Annual Pilgrimage to the Shrine of Our Lady of Good Help
Champion, Wisconsin

August 3rd – August 6th, 2017

Malade Sponsor Form

Introduction

The Order of Malta, American Association will be taking sick and handicapped people to Wisconsin. They are our beloved Malades. Members of the Order have the opportunity, even the responsibility, to sponsor a person who would be a potential Malade. Members should not invite anyone; rather, they may sponsor a person as a candidate. Each candidate will be evaluated by the Malade Selection Committee.

To propose a sick person for consideration for the pilgrimage, you must be willing to work with the Malade and Caregiver to help them make all the arrangements to attend the Pilgrimage. If possible, it would be helpful if you could accompany them on the Pilgrimage.

Things to consider as you propose a potential Malade:

1. You assume serious responsibility for the candidate and the Association.
2. Please remember that the trip is moderately strenuous, depending on where you are coming from.
 - Some activities require sitting still, riding on a bus, and walking short to moderate distances.
 - Many activities are outside. The weather is variable and could be inclement.
3. Please include any concerns with your sponsor form.
4. All proposed Malade candidates must be mobile; he or she must be able to walk on their own for moderate distances without a wheelchair. Please keep this in mind when you are deciding to propose a candidate.

Procedure for sponsoring a Malade:

1. Complete this form and send it to the Association office. If approved by the Pilgrimage Medical Director, the Association office will send you the following documents and instructions:
 - A. The medical release form which will allow the candidate's physician to release information to the Pilgrimage Medical Director.
 - B. Medical forms, if required, to be completed by the candidate's physician.
 - C. A Malade information form.

The proposed Malade may require a caregiver to accompany him/her. A section on the Malade Information Form is included for that possibility.

2. Once you receive the above listed forms, immediately assist the potential Malade to complete each of them. The most time-critical documents are: a) the medical release form which must be signed by the Malade candidate and given to their physician and b) the medical form, if required. If the medical form is required, you must do everything possible to ensure that the physician completes the medical form and sends it and the medical release form to the office as soon as possible. The Pilgrimage Medical Director will review all forms after receipt and make a determination as quickly as possible.
3. The Pilgrimage Medical Director may call you for your observations of your candidate.
4. Please tell the Malade candidate about the pilgrimage and what to expect, as best as you can. You will be notified of the decision regarding your recommended Malade as soon as possible. The Malade will receive the formal invitation to participate. You must work with the Malade and Caregiver to procure appropriate travel arrangements.
5. The Malade will receive information about the Pilgrimage and the Order of Malta.
6. If your candidate is accepted, you are responsible to maintain on-going contact, to convey information, to answer questions and to keep track of the person's health status.
7. Please report any change in the Malade's health status to the Association office immediately.

If you have questions, contact Carla at 212-371-1522 or email at carla@orderofmaltaamerican.org

To sponsor a Malade candidate, please provide the following information: (Please Print)

Are you planning to attend the Pilgrimage to Our Lady of Good Help this year? _____

Sponsor's Name: _____ KM _____ DM _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Mobile #: () _____ Office #: () _____

Fax#: () _____ Email: _____

Information regarding the Malade candidate:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: () _____ Mobile #: () _____ Office #: () _____

Fax#: () _____ Email: _____

What is your relationship to him/her? _____

How long have you known him/her? _____

What is the Diagnosis? _____

What is your lay-person's understanding of his/her illness (i.e., the diagnosis)? _____

Have you spent personal time with your candidate? _____ If so, how much? _____

Under what circumstances? _____

If not, why not? _____

If distance is the reason, should the Pilgrimage Medical Director try to arrange for a Knight or Dame in the candidate's area to visit with him/her? _____

Age: _____ Height: _____ Weight: _____ Any developmental difficulty? _____

Level of verbal communication skills: _____

Does he/she require assistance with eating? _____

Can he/she walk? _____ Walk up to 0.5 miles? _____ 1.0 Mile? _____ Comments: _____

Can he/she dress? _____ Bathe and care for him/herself? _____

What special care is needed? _____

Can candidate travel alone? _____ Your opinion of risk? _____

How will he/she travel to Wisconsin? _____

Do you feel that he/she will need to bring a caregiver on the pilgrimage? _____

Other comments or information you think the Pilgrimage Medical Director should know about: _____

Date: _____ Sponsor's Signature: _____

RETURN TO:

**Order of Malta, American Association
OLOGH Pilgrimage Medical Director
1011 First Avenue – Suite 1350
New York, NY 10022-4112**